

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345489 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 02/16/2012 |
| NAME OF PROVIDER OR SUPPLIER SATURN NURSING REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 241 SS=D | <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to provide nail care and shave a dependent resident prior to dining and daily activities for 1 of 3 sampled residents. (Resident #121)</p> <p>The findings are: Resident #121 was admitted to the facility January 2011. Diagnoses included Alzheimer's type dementia and failure to thrive.</p> <p>An annual minimum data set dated 1/10/12 assessed Resident #121 with impaired short and long-term memory, severely impaired daily-decision making skills and requiring extensive to total assistance for all activities of daily living (ADL's), including hygiene and bathing.</p> <p>Resident #121 was observed on 2/13/12 at 12:40 p.m. in the main dining room at a table with two other residents feeding him self lunch after his tray was set up by staff. The first three nails of his right hand were observed with a dark matter underneath the nails. He was also observed with multiple short facial hairs to his cheeks, chin and below his nose.</p> | F 241 | <p>Submission of this response to the Statement of Deficiencies by the undersigned does not constitute an admission that the deficiencies existed and/or were correctly cited and/or require correction.</p> <p>F241 Criteria #1 Resident #121 nails were cleaned immediately. His facial hair was groomed on February 15, 2012.</p> <p>Criteria #2 All residents requiring extensive to total assistance for ADLs have the potential to be adversely affected by the alleged deficient practice. However, no residents were found to be negatively impacted. An audit of all residents was completed on February 16, 2012 to ensure all residents fingernails were cleaned and well maintained. An audit of all residents was also completed to ensure all residents facial hair was groomed.</p> | 3/15/12 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

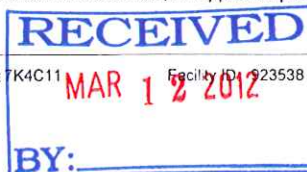
(X6) DATE

Carol McClure

Administrator

3/09/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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| F 241 | <p>Continued From page 1</p> <p>On 2/14/12 at 9:45 a.m., Resident #121 was observed dressed in clothes and wearing shoes, seated in his wheel chair in the sitting area near the nurse's station watching television with three other residents. Facial hair was observed to his face as previously described, but longer, his nails were also observed with the first three nails of his right hand still with a dark matter underneath each nail.</p> <p>Resident #121 was observed again on 2/15/12 at 11:00 a.m. and 2:45 p.m. dressed in clothes and wearing shoes, seated in his wheel chair in the sitting area near the nurse's station watching television with four other residents. He was observed shaved, but his nails were observed still with the first three nails of his right hand with dark matter underneath each nail.</p> <p>On 2/16/12 at 9:15 AM, Resident #121 was observed lying on his bed in his room dressed and wearing socks with nursing assistant #1 present. His nails were observed the same as previously described. NA #1 stated that she fed Resident #121 breakfast that morning and just gave him a bed bath. NA #1 stated that Resident #121 required total staff assistance with his ADL's, including personal hygiene and bathing. NA #1 also stated that she did not check his nails before feeding him breakfast and did not notice that his nails were dirty. She further stated that she did not provide nail care with his bed bath because she did not know if Resident #121 was a diabetic. NA #1 placed shoes on Resident #121, assisted the Resident to an upright position in bed and then with a transfer to his wheel chair. NA #1 propelled Resident #121 to the commons</p> | F 241 | <p>Criteria #3 Nursing staff were inserviced on the proper care of fingernails, and facial grooming. Resident Care Coordinator (RCC) will audit 10 residents fingernails and facial grooming for each unit (North, South, West) each day for 5 days (30). RCC will then audit 10 residents each week from each unit for 3 months. DON will review audits weekly.</p> <p>Criteria #4 DON or RCC will report results of audits during QA&A next 3 months at which time the QA committee will determine if further auditing is needed.</p> | | |

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| F 241 | Continued From page 2 area to watch television with other residents without providing nail care. An interview with licensed nurse #2 on 2/16/12 at 9:20 AM revealed that Resident #121 was not a diabetic; she observed his nails and confirmed that nail care should have been provided. LN #2 stated that nursing assistants were responsible for providing nail care and grooming to include shaving for dependent residents during showers/bed baths and as needed. | F 241 | | | |
| F 312 SS=D | On 2/16/12 at 9:25 AM Resident #121 was observed with the director of nursing (DON) and administrator seated in his wheel chair, dressed and wearing shoes, in the commons area watching television with other residents. The DON confirmed that the first three nails of Resident #121's right hand needed to be cleaned. The DON communicated that residents should receive assistance with ADL's to include shaving and nail care with showers and as needed. An additional observation of the Resident's nails on 2/16/12 at 10:30 AM revealed his nails were clean. The DON stated that she expected residents to have their hands cleaned with a sanitized wipe before dining and for staff to use the sanitized wipe to clean underneath nails before dining. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. | F 312 | F312 Criteria #1 Resident #121 nails were cleaned immediately. | 3/15/12 | |

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| F 312 | Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and medical record review, the facility failed to provide nail care for 1 of 3 sampled residents dependent on staff for activities of daily living. (Resident #121) The findings are: Resident #121 was admitted to the facility January 2011. Diagnoses included Alzheimer's type dementia and failure to thrive. An annual minimum data set dated 1/10/12 assessed Resident #121 with impaired short and long-term memory, severely impaired daily-decision making skills and requiring extensive to total assistance for all activities of daily living (ADL's), including hygiene and bathing. Further review of his medical record revealed Resident #121 received showers on the 3-11 p.m. shift twice weekly. Resident #121 was observed on 2/13/12 at 12:40 p.m. in the main dining room feeding himself lunch after his tray was set up by staff. The first three nails of his right hand were observed with a dark matter underneath the nails. On 2/14/12 at 9:45 a.m., Resident #121 was observed dressed in clothes and wearing shoes, seated in his wheelchair in the sitting area near the nurse's station. His nails were observed with the first three nails of his right hand still with a dark matter underneath each nail. | F 312 | Criteria #2 All residents requiring extensive to total assistance for ADLs have the potential to be adversely affected by the alleged deficient practice. However, no residents were found to be negatively impacted. An audit of all residents was completed on February 16, 2012 to ensure all residents fingernails were cleaned and well maintained. Criteria #3 Nursing staff were inserviced on the proper care of fingernails, and facial grooming. Resident Care Coordinator (RCC) will audit 10 residents fingernails for each unit (North, South, West) each day for 5 days (30). RCC will then audit 10 residents each week from each unit for 3 months. DON will review audits weekly. Criteria #4 DON will report findings of audit to QA&A for the next 3 months at which time the QA committee will determine if further auditing is required. | | |

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| F 312 | <p>Continued From page 4</p> <p>Resident #121 was observed again on 2/15/12 at 11:00 a.m. and 2:45 p.m. dressed in clothes and wearing shoes, seated in his wheel chair in the sitting area near the nurse's station with his nails observed the same as previously described.</p> <p>On 2/16/12 at 9:15 a.m., Resident #121 was observed lying on his bed in his room dressed and wearing socks with nursing assistant #1 present. His nails were observed the same as previously described. NA #1 stated she just gave Resident #121 a bed bath. NA #1 stated that Resident #121 required total staff assistance with his ADL's, including personal hygiene and bathing. NA #1 also stated that she did not notice that his nails were dirty and did not provide nail care with his bed bath. NA #1 placed shoes on Resident #121, assisted the Resident to an upright position in bed and then with a transfer to his wheel chair. NA #1 propelled Resident #121 to the commons area to watch television without providing nail care.</p> <p>An interview with licensed nurse #2 on 2/16/12 at 9:20 a.m. revealed that Resident #121 was not a diabetic; she observed his nails and confirmed that nail care should have been provided. LN #2 stated that nursing assistants were responsible for providing nail care for dependent residents during showers/bed baths and as needed.</p> <p>On 2/16/12 at 9:25 a.m. Resident #121 was observed with the Director of Nursing (DON) and Administrator seated in his wheelchair, dressed and wearing shoes, in the commons area watching television. The DON confirmed that the first three nails of Resident #121's right hand needed to be cleaned. The DON communicated</p> | F 312 | | | |

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| F 312 | Continued From page 5 that residents should receive assistance with ADL's to include nail care with showers and as needed. An additional observation of the Resident's nails on 2/16/12 at 10:30 a.m. revealed his nails were clean. A telephone interview with nursing assistant #3 on 2/17/12 at 9:28 a.m. revealed that she provided weekly showers to Resident #121. During the showers, she provided nail care as needed. She confirmed that she provided a shower to Resident #121 on 2/15/12 and tried to clean his nails, but she did not check his nails after the shower to make sure all the debris was cleaned out of his nails. | F 312 | | | |
| F 314 SS=D | 483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to follow Physician ordered interventions to prevent further development of pressure ulcers for one (1) of three (3) sampled residents (Resident #114). The findings are: | F 314 | F 314 Criteria #1 Resident #114 heels were placed on a pillow to be floated immediately. The heels were noted to be intact. No new areas noted to Resident #114's heels. Criteria #2 All residents who are care planned for heels to be floated have the potential to be negatively affected, though no no areas were noted to these residents' heels. An audit was conducted on all residents who are care planned to have their heels floated to ensure heels were being floated on March 7, 2012. | 3/15/12 | |

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| F 314 | Continued From page 6 Resident #114 was admitted to the facility on 12/24/11 with diagnoses that included generalized muscle weakness. The initial Minimum Data Set (MDS) dated 12/31/11 specified the resident had severely impaired cognition and required extensive assistance with Activities of Daily Living (ADLs) that included bed mobility and transfers. The MDS also specified the resident was admitted with five (5) stage II pressure ulcers and was at risk for developing pressure ulcers. The Care Area Assessment (CAA) dated 1/6/12 for pressure ulcers specified the resident required assistance with frequent turning and repositioning and a care plan would be developed for the prevention of further development of pressure ulcers. Resident #114's pressure ulcer care plan updated 2/8/12 specified the resident would have no further ulcer development through the next review. Interventions specified to follow physician's orders. Review of Resident #114's medical record revealed an initial nursing assessment dated 12/24/11 that specified the resident had a stage II pressure ulcer on her left heel that measured 3.0 centimeters x 3.0 centimeters. Further review revealed treatment to the left heel was initiated on 12/24/11 and the left heel was healed on 2/1/12. An original Physician's order dated 2/1/12 specified Resident #114's heels were to be floated off pillows while in bed. The following observations were made of Resident #114: | F 314 | Criteria #3 DON or RCC inserviced nursing staff on importance of floating heels and checking closet care plan for proper patient care needs. DON or RCC will conduct an audit daily for 5 days for all residents who have been care planned to have heels floated to ensure care plans are being followed. RCC will then conduct weekly audits for 3 months to ensure heels are being floated as care planned. DON will review audits weekly. Criteria #4 DON or RCC will report results of audits during QA&A next 3 months at which time the QA committee will determine if further auditing is needed. | | |

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| F 314 | Continued From page 7 1. On 2/14/12 at 9:55 a.m. the resident was in bed with her heels flat against the mattress. 2. On 2/15/12 at 1:10 p.m. the resident was in bed with her heels flat against the mattress. On 2/15/12 at 1:15 p.m. nurse aide (NA) #2 was interviewed. She reported she was assigned to care for Resident #114 and had placed her in the bed without floating her heels on pillows. The NA added she was unaware that the resident should have her heels floated while in bed. NA#2 stated she used a sheet called "closet care plan" that specified the individual needs of a resident. The NA reviewed Resident #114's "closet care plan" that stated she was to have her heels floated while in bed. The NA reported that she was trained to check the closet care plans daily for changes and stated that she had not reviewed Resident #114's closet care plan prior to caring for her on 2/15/12. On 2/16/12 at 9:05 a.m. Resident #114's heels were observed with licensed nurse (LN) #1, assigned to care for Resident #114 and the treatment nurse. The observation revealed the Resident had no open areas to her heels. The treatment nurse was interviewed and reported that the resident was ordered by the Physician to have her heels floated in bed to prevent further development of pressure ulcers. She stated that closet care plans were used to notify nurse aides of changes in the individual care needs of residents and that she expected the nurse aides to follow the closet care plans. The treatment nurse stated she expected Resident #114's heels to be floated while in bed and was unaware that they had not been for two days of observations. | F 314 | | | |

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| F 363 SS=E | <p>483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and review of facility menus, the facility failed to provide the portions of a pureed salad and sliced turkey according to the menu.</p> <p>The findings are: A lunch tray line observation occurred on 2/15/12 at 11:20 a.m. with the dietary manager and assistant dietary manager present. During the observation pureed congealed carrot salad and sliced turkey (an alternate meat) were both observed on the lunch tray line available for service. Dietary staff #1 was observed plating foods for residents for the lunch tray line starting at 11:37 a.m. Review of the menu revealed residents on a pureed diet were to receive a 3 - 4 ounce portion of the pureed congealed carrot salad. The serving utensil used to serve the pureed congealed carrot salad during the lunch tray line was a #16 scoop (2 - 2 ¼ ounce serving). The menu also record the portion of sliced turkey for the lunch meal was to be a 3 ounce portion. The sliced turkey was available as part of the alternate menu and identified as a popular item for lunch that day. The dietary manager stated</p> | F 363 | <p>F363 Criteria #1 Portion sizes were corrected immediately. The cook began using the correct serving utensil for the congeal salad immediately. residents receiving turkey were served 1 and ½ slices to ensure correct portions were provided.</p> <p>Criteria#2 All residents have the potential to be adversely affected. However, no residents were found to be negatively impacted. All residents were served the correct portion amounts.</p> <p>Criteria#3 Dietary Staff were inserviced on checking the menu to ensure correct serving utensil is used. Dietary staff also inserviced on weighing meat portions after the product has been cooked to ensure the correct amounts are served. The Food Service Director (FSD) or cook will audit each meal daily for 3 months to ensure correct utensils are used and weighed products are served correctly.</p> | 3/15/12 |

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| F 363 | Continued From page 9 that approximately 50 residents requested to receive the alternate menu for lunch that day. Upon request the dietary manager weighed the sliced turkey at 11:50 a.m. using the facility's scale which yielded a 2 ounce portion of turkey instead of the 3 ounce portion to be served according to the menu. Dietary staff #1 stated that she sliced the turkey using the slicer which was set to a 3 ounce portion of meat then she placed the sliced turkey into the oven to heat. Dietary staff #1 stated that the turkey may have "cooked down some;" she did not know that she should have sliced the meat larger to allow for a 3 ounce portion yield after the meat was heated. The dietary manager was observed to instruct dietary staff #1 to give residents 1 1/2 slices of the turkey. The dietary manager stated that the turkey used for lunch that day should have been cut to a 4 ounce portion to allow for shrinkage after the meat was heated. The dietary manager stated she did not consider that and should have instructed her dietary staff to cut a larger portion of meat and re-weigh the meat after heating to ensure a 3 ounce portion was served. She stated that she trained staff to weigh the meat before it was cooked, but going forward, she would train them to make sure sliced meats were also weighed after being heated. Review of the product label for the turkey revealed the product contained turkey breast meat, turkey broth, salt and modified food starch. On 2/15/12 at 11:55 a.m., dietary staff #1 and the dietary manager both stated that they did not notice that the serving utensil for the pureed congealed carrot salad was not a 3 - 4 ounce portion. Dietary staff #1 stated she thought it was | F 363 | Criteria #4 FSD will report findings of audit to QA&A for the next 3 months at which time the QA committee will determine if further auditing is needed. | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 363 | Continued From page 10 the right size and she set up the serving utensils by memory, but she should have checked the menu. An interview with the consulting dietitian on 2/16/12 at 11:50 a.m. revealed that she visited the facility on a monthly basis, but had not identified a concern regarding portion sizes during her routine visits. She stated that the menus were new. Staff received an in-service before the new menus were implemented and reminded to review the menu for each meal and follow it because the portions sizes were not the same as staff had been accustomed to in the past. The dietitian stated that she expected dietary staff to review the menu with each meal for the correct portion size. | F 363 | | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program | F 441 | F441 Criteria #1 Resident #142 did not have any negative outcomes from the insulin being provided by the nurse not wearing gloves. Criteria #2 All residents receiving injectable medications have the potential to be adversely affected. However, no residents have been negatively impacted. | 3/15/12 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/02/2012
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345489 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 02/16/2012 |
|---|--|--|---|----------------------|--|
| NAME OF PROVIDER OR SUPPLIER SATURN NURSING REHAB CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1930 WEST SUGAR CREEK ROAD CHARLOTTE, NC 28262 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 441 | Continued From page 11 determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to wear gloves while administering an insulin injection for one (1) of one (1) sampled resident observed for insulin injection (Resident #142). The findings are: Resident #142 was readmitted to the facility on 5/28/10 with diagnoses including Diabetes Mellitus and Urinary Tract Infections. Resident #142 was observed for medication administration on 2/14/12 at 4:21 p.m. Licensed Nurse (LN) #3 got all the supplies and withdrew 6 units of Novolog insulin to a syringe and walked into the room where Resident #142 was and administered insulin holding the skin fold with | F 441 | Criteria #3 Licensed nursing staff were inserviced on wearing gloves when administering injectable medications. DON or RCC will audit 5 licensed nursing staff as they administer medications to residents to ensure gloves are being worn while administering injectable medications each week for 4 weeks. Then 5 licensed nursing staff members will be audited monthly for 2 months to ensure gloves are being worn when injectable medications are being administered. Criteria #4 DON will provide results of the audit to QA&A for 3 months at which time the QA Committee will determine if further auditing is required. | | |

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| F 441 | Continued From page 12 bare hands. An interview with LN #3 on 2/14/12 at 4:25 p.m. revealed that she forgot to wear gloves. The interview revealed that she always wore gloves when she gave injections. An interview with the Director of Nursing (DON) on 2/16/12 at 10:01 a.m. revealed that her expectation was that all licensed staff wear gloves while administering injections. | F 441 | | | |

F 314

| Resident | Heels Floated (y/n) | Comments | Initial (Auditor) |
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Date _____

F 241/312

| Resident Name | Fingernails/Shave | Initial |
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Date _____

F441

| Nurse | Shift | Unit | Gloves worn (y/n) | Initial (auditor) |
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Date _____

Date _____

Breakfast

| Food Item | Serving Size |
|----------------------|--------------|
| | |
| Meat | |
| Egg | |
| Grits | |
| Meat Alternate | |
| Oatmeal | |
| Cold Cereal | |
| Puree Meat | |
| Puree Egg | |
| Puree Oatmeal | |
| Mechanical Soft Meat | |
| Bread | |
| Puree Bread | |

Lunch

| Food Item | Serving Size |
|----------------------|--------------|
| | |
| Meat | |
| Vegetable | |
| Starch | |
| Meat Alternate | |
| Vegetable Alternate | |
| Starch Alternate | |
| Puree Meat | |
| Puree Vegetable | |
| Puree Starch | |
| Mechanical Soft Meat | |
| Puree Bread | |
| Dessert | |

Dinner

| Food Item | Serving Size |
|----------------------|--------------|
| | |
| Meat | |
| Vegetable | |
| Starch | |
| Meat Alternate | |
| Vegetable Alternate | |
| Starch Alternate | |
| Puree Meat | |
| Puree Vegetable | |
| Puree Starch | |
| Mechanical Soft Meat | |
| Puree Bread | |
| Dessert | |